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PATENT, TRADEMARK, COPYRIGHT
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AND RELATED LITIGATION

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May 17, 2006

FACSIMILE COVER SHEET

To: Commissioner For Patents
U.S. Patent & Trademark Office

From: Wayne L. Jacobs

Fax: 1-571-273-8300

Re: Our File: HILB-778
Serial No. 10/757,431 filed 01/15/04

Pages: 5 (including cover sheet)

MESSAGE/COMMENTS

Attached for immediate filing are Response To Restriction Requirement, Petition For Extension Of Time (3 Months), Transmittal and Fee Transmittal for FY2006. Please confirm receipt of these documents via return facsimile. Thank you.

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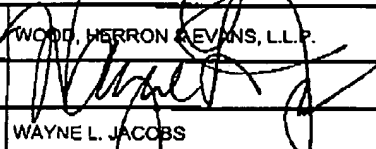
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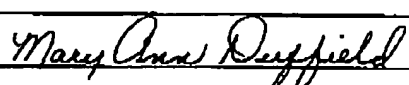
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/757,431
	Filing Date	01/15/04
	First Named Inventor	David Bowers
	Art Unit	3634
	Examiner Name	Jennifer E. Novosad
	Attorney Docket Number	HILB-779
Total Number of Pages in This Submission		4

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Attached for immediate filing are Response To Restriction Requirement, Petition For Extension of Time (3 Months) and Fee Transmittal For FY2006.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WOOD, HERRON & EVANS, L.L.P.		
Signature			
Printed name	WAYNE L. JACOBS		
Date	MAY 17, 2006	Reg. No.	35,553

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile (transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	MARY ANN DUFFIELD	Date	MAY 17, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,020.00

Complete if Known

Application Number	10/757,431
Filing Date	01/15/04
First Named Inventor	David Bowers
Examiner Name	Jennifer E. Novosad
Art Unit	3634
Attorney Docket No.	HILB-778

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 23,3000 Deposit Account Name: Wood, Herron & Evans, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets**Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fee Paid (\$)**

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge, 3-Month Extension Of Time)

1,020.00

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent)

35,553

Telephone (513) 241-2324

Name (Print/Type)

WOOD, HERRON & EVANS, L.L.P.

Date May 17, 2006

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